

**FOSTER,
SWIFT,
COLLINS &
SMITH, P.C.**
Attorneys at Law

ERIC E. DOSTER
Direct Phone 517.371.8241
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Email edoster@fosterswift.com

FEDERAL ELECTION
COMMISSION
OFFICE OF GENERAL
COUNSEL

2009 FEB -4 P 1:12

January 22, 2009

By Certified Mail - Return Receipt Requested

Office of the General Counsel
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Dear Sir/Madam:

Re: Triangle Pride PAC
(Committee ID: _____) and Steven Walker, Treasurer
MUR 6169

Enclosed for filing please find the original and three (3) copies of the Complaint in the above-referenced matter.

If you have any questions, please contact me.

Sincerely,

FOSTER, SWIFT, COLLINS & SMITH, P.C.



Eric Doster

ED:js

Enclosures

613268_1.DOC

29044250831

113 E. Washington Square
Ann Arbor, MI 48103-2191
Tel: 517.371.8100
Fax: 517.371.8200





MICHIGAN REPUBLICANS

SECCHIA-WEISER REPUBLICAN CENTER
520 SEYMOUR AVENUE • LANSING, MICHIGAN 48933
1-877-GOP-2006 (467-2006) • www.migop.org

RECEIVED
FEDERAL ELECTION
COMMISSION
OFFICE OF GENERAL
COUNSEL

2009 FEB -4 P 1:12

BEFORE THE FEDERAL ELECTION COMMISSION

In the matter of:

Triangle Pride PAC

(Committee ID: _____)

and Steven Walker, Treasurer

MUR 6/69

COMPLAINT

NOW COMES Jeff Timmer, of 520 Seymour Avenue, Lansing, Michigan 48933, and hereby files this Complaint pursuant to 2 U.S.C. 437g(a)(1) and 11 C.F.R. § 111.4 against the Triangle Pride PAC, Steven Walker, Treasurer (hereinafter referred to as the "Respondent"), and states the following:

1. The Respondent is a separate segregated fund, registered under and operated pursuant to the Michigan Campaign Finance Act, Michigan Compiled Laws Section 169.201, et seq. See Exhibit 1, attached. The Respondent's current contact information is set forth on the cover page of Exhibit 2, attached.

2. Peters for Congress (Federal Election Commission Identification No. C00437889), Schauer for Congress (Federal Election Commission Identification No. C00438341) and Friends of Senator Carl Levin (Federal Election Commission Identification No. C00088484) are registered under and operated pursuant to the Federal Election Campaign Act, 2 U.S.C. § 431, et seq.

3. According to the Federal Election Commission in Advisory Opinion 2003-29 (November 25, 2003):

Under 2 U.S.C. 431(4)(B), a separate segregated fund is a political committee regardless of the amount of contributions or expenditures it makes. Cf. 2 U.S.C. 431(4)(A) (committees, clubs, associations, or other groups of persons become political committees when they make contributions aggregating in excess of \$1,000 per calendar year or make expenditures aggregating in excess of \$1,000 per calendar year). See Advisory Opinions 1983-3, 1982-46, and 1981-6; see also Explanation and Justification for 11 CFR 102.6, 45 Fed. Reg. 15084 (Mar. 7, 1980).

4. According to the Federal Election Commission in Advisory Opinion 1982-46 (July 29, 1982):

Paid for by Michigan Republican Party with regulated funds.
Not authorized by any candidate or candidate's committee.
520 Seymour Avenue, Lansing, MI 48933 • www.migop.org

29044250832

29044250833

Under the Act, the term "political committee" is defined to include any separate segregated fund, which in this case includes TMHA-CRG [NOTE: TMHA-CRG was a separate segregated fund registered with the Texas Secretary of State - the Respondent is a separate segregated fund registered with the Michigan Secretary of State] 2 U.S.C. 431(4)(B). Moreover, a separate segregated fund becomes a political committee under the Act regardless of the total amount of contributions it makes to Federal candidates or other Federal political committees. Compare 2 U.S.C. 431(4)(A), 431(4)(C), and 431(4)(B) and see Advisory Opinion 1981-6 (copy enclosed). Thus, the making of the contribution by TMHA-CRG to the Federal political committee triggers "political committee" status for TMHA-CRG under the Act.*/ As a political committee TMHA-CRG is therefore required to register with the Commission within 10 days, and file periodic reports disclosing contributions made and received. See 2 U.S.C. 433(a) and 434(a)(4). Furthermore, the first report filed by TMHA-CRG must disclose amounts received prior to becoming a political committee, even if such amounts were not received during the current reporting period. 11 CFR 104.3(a) and 104.12.

5. On or about February 20, 2008, the Respondent made a \$100 contribution to Peters for Congress. See Exhibit 2 attached. On or about April 17, 2008, the Respondent made a \$500 contribution to Schauer for Congress. See Exhibit 2 attached. On or about May 13, 2008, the Respondent made a \$150 contribution to Friends of Senator Carl Levin. See Exhibit 3 attached.

6. Accordingly, because the Respondent, a separate segregated fund, made a contribution to Peters for Congress, Schauer for Congress, and Friends of Senator Carl Levin, the Respondent triggered "political committee" status pursuant to the Federal Election Campaign Act.

7. Once the Respondent triggered "political committee" pursuant to the Federal Election Campaign Act, the Respondent had ten (10) days (or by March 1, 2008) to file with the Federal Election Commission FEC Form 1 and register as a political committee. See 11 CFR § 102.1(c). Thereafter, the Respondent was required to comply with the Federal Election Campaign Act and the Federal Election Commission regulations. See, for example, Part 104 of the Federal Election Commission regulations.

8. Upon information and belief, to date, the Respondent has failed to register with the Federal Election Commission as a political committee or file any of the required campaign finance reports.

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REQUEST FOR RELIEF

Based on the foregoing, the undersigned respectfully requests that the Federal Election Commission investigate this violation and determine that the Respondent has violated the Federal Election Campaign Act and the regulations of the Federal Election Commission, as referenced above.

Further, the undersigned respectfully requests that the Federal Election Commission conduct a thorough review of the Respondent's records, and the records of Peters for Congress, Schauer for Congress, and Friends of Senator Carl Levin, in order to determine whether the contributions made to these federal committees were derived from permissible sources pursuant to the Federal Election Campaign Act.

Further, the undersigned respectfully requests that the Federal Election Commission conduct a thorough review of the Respondent's records, in order to discover further violations of the Federal Election Campaign Act and the regulations of the Federal Election Commission.

Further, the undersigned respectfully requests the Federal Election Commission to assess all appropriate penalties for said violation(s) in accordance with 2 U.S.C. 437g(a)(5)(A), or any other enforcement provisions of the Federal Election Campaign Act.

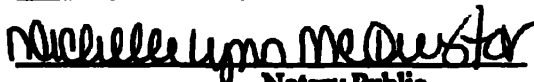
The above statements are true and accurate to the best of my knowledge, information and belief.

Respectfully submitted,

Dated: January 21, 2009


Jeff Timmer

Subscribed and sworn before me this 21st day of January, 2009.


_____, Notary Public
Ingham County, Michigan
Acting in Ingham County, Michigan
My commission expires: 3/7/2012

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Ingham



250764
MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR INDEPENDENT AND POLITICAL COMMITTEES (PAC'S)

1. Committee ID #: 511258-2
2. Type of Filing:
☐ Original
☒ Amendment to Item: 9 Eff. Date: 11/29/04

2a. Full Name of Committee that includes affiliate or sponsor:

Triangle Pride PAC

2b. Acronym or Abbreviation (if any): N/A

3c. Are you a Separate Segregated Fund (SSF)? ☒ YES ☐ NO

3d. IF YES, the sponsor is a: ☒ Corporation ☐ Labor Organization ☐ D.D.S.
The sponsor's name is:

Triangle Action Fund

4. Complete Comm. Mailing Address (May be PO Box):

4a. Complete Comm. Street Address (May not be PO Box):

5. Date Committee was Formed in MI:

6a. Committee Phone #: ()

6b. Committee Fax #: ()

6c. Committee E-mail Address:

7. Treasurer Name and Complete Address:

OUT-OF-STATE COMMITTEE TREASURER IRREVOCABLE WRITTEN STIPULATION:

I stipulate and agree that any legal process affecting this committee served on the Secretary of State or an agent designated by the Secretary of State shall have the same effect as if personally served on me and all other principals of this committee. I further agree that this stipulation shall remain in force as long as any liability of this committee remains outstanding within the State of Michigan.

Phone #: ()
E-mail Address:

8. Committee Type (Check one): ☐ Independent ☐ Political (Must observe the same contribution limits that apply to individuals unless and until an amendment is filed changing the committee type to Independent.)

9. Designated Record Keeper Name and Complete Address:

Susan Crocker Detroit, MI 48218

Phone #:
E-mail Address:

suecrocker@ameritech.net

10. ☐ REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in a calendar year and checks this box, the filing requirement of pre, post, annual, interim and quarterly campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.

11. Name and Address of Depositories or Intended Depositories of committee funds.

a. Official Depository

b. Secondary Depository

12. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to PAC's that file with the County Clerk's office.

The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. State File software is provided to you free of charge to assist you in meeting this requirement.

☐ Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.

OR

☐ Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.

13. Verification: We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of our knowledge or belief. (Sign Name and Date below)

Curent Treasurer:

x [Signature] 12/01/04

Designated Record Keeper (Required only if filing electronically):

x [Signature] 11/29/04

2004 DEC -6 AM 11:26
ELECTIONS DIVISION
DEPARTMENT OF STATE

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250174
MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR INDEPENDENT AND POLITICAL COMMITTEES (PAC'S)

1. Committee ID #: 512368-E

2. Type of Filing:
☐ Original
☒ Amendment to Item: 3d, 4 Eff. Date: 9/17/14

3a. Full Name of Committee that includes affiliate or sponsor:
Triangle Prods PAC

3b. Acronym or Abbreviation (if any):
TPA

3c. Are you a Separate Segregated Fund (SSF)? ☒ YES ☐ NO

3d. If YES, the sponsor is: ☒ Corporation ☐ Labor Organization ☐ O.D.S.
The sponsor's name is:
Triangle Action Fund.

4. Complete Comm. Mailing Address (May be PO Box):

4a. Complete Comm. Street Address (May not be PO Box):

5. Date Committee was Formed in MI: / /

6a. Committee Phone #: () -

6b. Committee Fax #: () -

6c. Committee E-mail Address:

7. Treasurer Name and Complete Address:
JOY GENG
DEARBORN MI 48127

OUT-OF-STATE COMMITTEE TREASURER IRREVOCABLE WRITTEN
STIPULATION:
I stipulate and agree that any legal process affecting this committee served on
the Secretary of State or an agent designated by the Secretary of State shall
have the same effect as if personally served on me and all other principals of
this committee. I further agree that this stipulation shall remain in force as
long as any liability of this committee remains outstanding within the State of
Michigan.

Phone #: () -

E-mail Address:

8. Committee Type (Check one): ☐ Independent ☐ Political (Must
observe the same contribution limits that apply to individuals unless and until
an amendment is filed changing the committee type to Independent.)

9. Designated Record Keeper Name and Complete Address:

Phone #: () -

E-mail Address:

10. ☐ REPORTING WAIVER REQUEST: If the committee does not expect
to receive or expend in excess of \$1,000 in a calendar year and checks
this box; the filing requirement of pre, post, annual, statement and
quarterly campaign statements is waived. The Reporting Waiver will be
automatically lost if the committee exceeds the \$1,000 threshold.

11. Name and Address of Depositories or Intended Depositories of
committee funds.

a. Official Depository

b. Secondary Depository

12. ELECTRONIC FILING: This form applies to committees that file with the
Michigan Department of State Bureau of Elections and does not apply to
PAC's that file with the County Clerk's office.

The Campaign Finance Act requires any committee that files with the
Secretary of State and spends or receives \$20,000 in the preceding
calendar year OR expects to spend or receive \$20,000 in the current
calendar year to file campaign statements electronically. State File
software is provided to you free of charge to assist you in meeting this
requirement.

☐ Committee spent or received or expects to spend or receive in excess of
\$20,000 and is required to file electronically.

"OR"

☐ Committee did not spend or receive or does not expect to spend or
receive in excess of \$20,000 and would like to file electronically voluntarily.

13. Verification: I/We certify that all reasonable diligence was used in the
preparation of the above statement and that the contents are true, accurate
and complete to the best of my/our knowledge or belief. If filing electronically,
we further agree that the signatures below shall serve as the signatures that
verify the accuracy and completeness of each statement filed electronically by
the committee. I/We certify that all reasonable diligence will be used in the
preparation of each statement electronically filed by this committee and that
the contents of each statement will be true, accurate and complete to the best
of my/our knowledge or belief. (Sign Name and Date below)

Current Treasurer:
JOY GENG

Designated Record Keeper (Required only if filing electronically):
JOY GENG 11/23/14

BUREAU OF ELECTIONS
2014 NOV 30 AM 11:22
DEPARTMENT OF STATE

29044250836



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

245526

ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR INDEPENDENT AND POLITICAL COMMITTEES (PAC'S)

<p>1. Committee ID #: <u>512368-2</u></p> <p>2. Type of Filing: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Name: _____ Date: ____/____/____</p> <p>3a. Full Name of Committee (Must include affiliate or sponsor): <u>Triangle Pride PAC</u></p> <p>3b. Acronym or Abbreviation (if any): <u>NA</u></p> <p>3c. Are you a Separate Segregated Fund (SSF)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3d. If YES, the sponsor is: <input type="checkbox"/> Corporation <input type="checkbox"/> Labor Organization <input type="checkbox"/> O.D.B. The sponsor's name is: _____</p> <p>4. Complete Comm. Mailing Address (May be PO Box): <u>Triangle Action Fund</u> <u>19641 West Seven Mile Road</u> <u>DETROIT, MI 48219-2721</u></p> <p>4a. Complete Comm. Street Address (May not be PO Box): <u>19641 West Seven Mile Road</u> <u>DETROIT, MI 48219-2721</u></p> <p>5. Date Committee was Formed in MI: <u>9/15/04</u></p> <p>6a. Committee Phone #: <u>(313) 537-3322</u></p> <p>6b. Committee Fax #: <u>(313) 537-3374</u></p> <p>6c. Committee E-mail Address: _____</p> <p>7. Treasurer Name and Complete Address: <u>Steve Walker</u></p> <p>OUT-OF-STATE COMMITTEE TREASURER IRREVOCABLE WRITTEN STIPULATION: I stipulate and agree that any legal process affecting this committee served on the Secretary of State or on an agent designated by the Secretary of State shall have the same effect as if personally served on me and all other principals of this committee. I further agree that this stipulation shall remain in force as long as any liability of this committee remains outstanding within the State of Michigan.</p> <p>Phone #: () _____ E-mail Address: _____</p> <p>8. Committee Type (Check one): <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Political (Must observe the same contribution limits that apply to individuals unless and until an amendment is filed changing the committee type to Independent.)</p> <p>9. Designated Record Keeper Name and Complete Address: <u>Kevin McElpine</u> <u>Warren MI 48091</u> <u>Kevinm@tri.org</u></p>	<p>10. <input type="checkbox"/> REPORTING THRESHOLD REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in a calendar year and checks this box, the filing requirement of pre, post, annual, terminal and quarterly campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.</p> <p>11. Name and Address of Designation or Intended Depositories of Committee Funds: a. Official Depository: <u>BANK ONE</u> <u>Ford Road- OUTER DRIVE</u> <u>23210 Ford Road</u> <u>Dearborn MI, MI 48122</u></p> <p>b. Secondary Depository: _____</p> <p>12. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections and does not apply to PAC's that file with the County Clerk's office.</p> <p>The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. State File software is provided to you free of charge to assist you in meeting this requirement.</p> <p><input type="checkbox"/> Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.</p> <p style="text-align: center;">-- OR --</p> <p><input checked="" type="checkbox"/> Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.</p> <p>13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date below)</p> <p>Current Treasurer: <u>Steve Walker</u> <u>9/17/04</u></p> <p>Dedicated Record Keeper (Required only if filing electronically): <u>Kevin McElpine</u> <u>9/16/04</u></p>
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29044250837



INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and
signed by the treasurer or designated record keeper.

3. This Statement covers From: 01/01/2008 To 04/20/2008
Mo Day Year Mo Day Year

1. Committee I.D. Number

512308-2

2. Committee Name

Triangle Pride PAC

4. Committee's Mailing Address
19841 West Seven Mile

Detroit MI 48219
Area Code and Phone

If the address in this box is different from the committee mailing address on the
Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address
Steven Walker

Detroit MI 48228
Area Code and Phone

Driver License # (Optional)

6. Treasurer's Business Address

Area Code and Phone

7. Designated Record Keeper's Name and Mailing Address (If the committee has a
Designated Record Keeper)
Susan Crocker
19841 W Seven Mile Rd

Detroit MI 48219
Area Code and Phone

Driver License # (Optional)

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

8a. TRIENNIAL STATEMENTS

Even Year

☒ April 25

☐ July 25

☐ October 25

Odd Year

☐ January 31

☐ July 25

☐ October 25

8b. QUARTERLY STATEMENTS
CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ July 25

☐ April 25

☐ October 25

8c. ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES
REGISTERED ON COUNTY LEVEL

8d. ☐ ANNUAL STATEMENT
(_____ Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY ☐ GENERAL
☐ CONVENTION ☐ SCHOOL
☐ SPECIAL ☐ CAUCUS

Date of Election, Convention or Caucus:

Month Day Year

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES
REGISTERED ON
STATE AND COUNTY LEVEL

8g. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c, 8d, 8e, 8f or 8h to
indicate which Statement is being amended)

8h. ☐ DISSOLUTION OF COMMITTEE
Effective Date of Dissolution

Month Day Year

By checking Item 8h, I certify that the
committee has no assets or outstanding
debts, including late filing fees. None
The disposition of residual funds must
be reported on Schedule 2B and the
Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable
Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold.
If any of the information listed in Items 2, 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an
amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on
or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of
my knowledge and belief the contents are true, accurate and complete.

Electronically Filed:

Current Treasurer or

Designated Record Keeper Susan Crocker

Type of Print Name

Signature

Date 04/20/2008
Mo Day Year

29044250838



200042

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 512300-2

2. Committee Name Triangle Pride PAC

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure # 1 Name League of Conservation Voters Address 213 W Liberty #300 Ann Arbor MI 48104 4. Purpose: <u>contribution</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	01/18/2008	250.00	
Expenditure # 2 Name Peters For Congress Address PO box 226 Bloomfield Hills MI 48237 4. Purpose: <u>contribution</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Gary Peters</u> Name of Candidate <u>Congressional 9</u> Office Sought & District # or Jurisdiction <u>OAKLAND</u> County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	02/20/2008	100.00	804.95
Expenditure # 3 Name Chase Paymentech Solutions Address PO Box 6600 Hagerstown MD 21741 4. Purpose: <u>bank fee</u> Expenditure Code: <u>BK</u> Fund Raiser <input type="checkbox"/>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	02/28/2008	45.00	
Expenditure # 4 Name Dillon Leadership Fund Address PO box 16101 Lansing MI 48901 4. Purpose: <u>contribution</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	03/13/2008	300.00	

Subtotal this page
Grand Total of all Schedules 2B
(Complete on last page of Schedule)

**Enter this total
On Line 8a of the
Summary Page**

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

299042

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 512308-2

2. Committee Name Triangle Pride PAC

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure # <u>6</u> Name <u>Lee Gonzales Team</u> Address <u>2480 Murphy Rd</u> Flint MI <u>48504</u> 4. Purpose: <u>contribution</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Lee Gonzales</u> Name of Candidate <u>State Representative 49</u> Office Sought & District # or Jurisdiction <u>GENESEE</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>03/13/2008</u>	<u>100.00</u>	<u>100.00</u>
Expenditure # <u>6</u> Name <u>Schauer for Congress</u> Address <u>PO Box 100</u> Battle Creek MI <u>49016</u> 4. Purpose: <u>contribution</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Mark Schauer</u> Name of Candidate <u>Congressional 7</u> Office Sought & District # or Jurisdiction County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>04/17/2008</u>	<u>500.00</u>	<u>500.00</u>

Subtotal this page
Grand Total of all Schedules 2B
(Complete on last page of Schedule)

500.00

1295.00

Enter this total
On Line 6a of the
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

29044250840



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

300927

INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and
signed by the treasurer or designated record keeper.

3. This Statement covers From: 04/21/2008 To 07/20/2008
Mo Day Year Mo Day Year

1. Committee I.D. Number

512308-2

4. Committee's Mailing Address
19841 West Seven Mile

Detroit MI 48219
Area Code and Phone

If the address in this box is different from the committee mailing address on the
Statement of Organization, mail may be sent to this address by the filing official.

2. Committee Name

Triangle Pride PAC

5. Treasurer's Name and Residential Address
Steven Walker

Detroit MI 48228
Area Code and Phone

Driver License # (Optional)

6. Treasurer's Business Address

Area Code and Phone

7. Designated Record Keeper's Name and Mailing Address (If the committee has a
Designated Record Keeper)
Susan Crocker
19841 W Seven Mile Rd

Detroit MI 48219
Area Code and Phone

Driver License # (Optional)

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

8a. TRIENNIAL STATEMENTS

Even Year

☐ April 25

☒ July 25

☐ October 25

Odd Year

☐ January 31

☐ July 25

☐ October 25

8b. QUARTERLY STATEMENTS
CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ July 25

☐ April 25

☐ October 25

8c. ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES
REGISTERED ON COUNTY LEVEL

8d. ☐ ANNUAL STATEMENT
(_____ Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY ☐ GENERAL

☐ CONVENTION ☐ SCHOOL

☐ SPECIAL ☐ CAUCUS

Date of Election, Convention or Caucus:

Month Day Year

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES
REGISTERED ON
STATE AND COUNTY LEVEL

8g. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c, 8d, 8e, 8f or 8h to
indicate which Statement is being amended)

8h. ☐ DISSOLUTION OF COMMITTEE
Effective Date of Dissolution

Month Day Year

By checking Item 8h, I certify that the
committee has no assets or outstanding
debts, including any filing fees. None
The disposition of residual funds must
be reported on Schedule 25 and the
Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable
Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold.
If any of the information listed in Items 2, 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an
amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on
or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of
my knowledge and belief the contents are true, accurate and complete.

Electronically Filed:

Current Treasurer or

Designated Record Keeper Susan Crocker

Type of Print Name

Signature

Date 07/23/2008

Mo Day Year

29044250841



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

300927

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 512388-2

2. Committee Name Triangle Pride PAC

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure # 1 Name <u>Carl Levin, Friends of Senator</u> Address <u>28115 Greenfield Rd</u> <u>Southfield</u> MI <u>48076</u> 4. Purpose: <u>contribution</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Carl Levin</u> Name of Candidate <u>U.S. Senate</u> Office Sought & District # or Jurisdiction County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	05/13/2008	150.00	150.00
Expenditure # 2 Name <u>Marie Donigan, Committee to EI</u> Address <u>503 s Poplar Ave</u> <u>Royal Oak</u> MI <u>48073</u> 4. Purpose: <u>contribution</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Marie Donigan</u> Name of Candidate <u>State Representative</u> Office Sought & District # or Jurisdiction <u>OAKLAND</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	05/13/2008	200.00	200.00
Expenditure # 3 Name <u>Chase Paymentech Solutions</u> Address <u>PO Box 6600</u> <u>Hagerstown</u> MD <u>21741</u> 4. Purpose: <u>bank fee</u> Expenditure Code: <u>BK</u> Fund Raiser <input type="checkbox"/>	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	05/31/2008	45.00	
Expenditure # 4 Name <u>Chase Paymentech Solutions</u> Address <u>PO Box 6600</u> <u>Hagerstown</u> MD <u>21741</u> 4. Purpose: <u>bank fee</u> Expenditure Code: <u>BK</u> Fund Raiser <input type="checkbox"/>	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	06/30/2008	45.00	

Subtotal this page
Grand Total of all Schedules 2B
(Complete on last page of Schedule)

440.00

Enter this total
On Line 8a of the
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

29044250842